

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and 'Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME <b>Steve Spears</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>CalHFA</b>		
POSITION <b>Executive Director</b>			CB/D No. <b>EX</b>			DIVISION or BUREAU <b>Executive Office</b>		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>500 Capitol Mall, Suite 1400</b>			INDEX NUMBER <b>1000</b>		
CITY <b>[REDACTED]</b>			STATE <b>[REDACTED]</b>			ZIP CODE <b>[REDACTED]</b>		
CITY <b>Sacramento</b>			STATE <b>CA</b>			ZIP CODE <b>95814</b>		

(1) NORMAL WORK HOURS  
**8:00 to 17:00**(2) PRIVATE VEHICLE LICENSE NUMBER  
**[REDACTED]**(3) MILEAGE RATE CLAIMED  
**0.510**

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
3/15	14:00	Sacramento to Burbank	121.10			18.00	6.00		A		25.00	12.75		157.85
3/16	18:30	Burbank to Sacramento		6.00	10.00						25.00	12.75		28.75
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			121.10	6.00	10.00	18.00	6.00	0.00		0.00	50.00	25.50	0.00	186.60
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$186.60

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/15-16: CalHFA Board of Directors Meeting, Los Angeles Burbank Airport Marriott

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0747532  
4/13/11

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

4/5/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

4/5/2011

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE